

Associate Faculty Teaching Availability Form

Name: _____ Date: _____

Academic Year: _____ Term Calendar Dates: _____

***This availability form is for planning purposes only; it does not guarantee an assignment. Please return this form to the Department Chair.**

Willingness I will _____; will not _____ be available for assignment.

Expertise

Please list your areas of expertise:

- 1.
- 2.
- 3.

Based on your expertise, courses you would like to teach, with "1" most favored:

- 1.
- 2.
- 3.

Availability

Day and Time Preference (Please "X" days/times you are available). Feel free to write in specifics.

DAYS	7:00am – 12:00pm	12:00pm – 5:00pm	5:00pm – 10:00pm	Online	Comments
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					

Are there class sessions you will need to miss due to conferences or other prior commitments? Please describe:
